

# **2009 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000040573

Entity Name: KMP INSURANCE LLC

**FILED**  
**May 07, 2009**  
**Secretary of State**

**Current Principal Place of Business:**

1855 WEST STATE ROAD 434  
LONGWOOD, FL 32750 US

**New Principal Place of Business:**

1855 WEST STATE ROAD 434  
212  
LONGWOOD, FL 32750 US

**Current Mailing Address:**

735 LAKE CREST COVE  
ALTAMONTE SPRINGS, FL 32701 US

**New Mailing Address:**

FEI Number: 20-4718657      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

BREWER, KURT FORREST ESQ.  
2300 CURRY FORD ROAD  
ORLANDO, FL 32806 US

**Name and Address of New Registered Agent:**

PATERACKI, KEVIN M  
735 LAKE CREST COVE  
ALTAMONTE SRINGS, FL 32701 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: KEVIN PATERACKI

05/07/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: PATERACKI, KEVIN  
Address: 735 LAKE CREST COVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: PATERACKI, KEVIN M  
Address: 735 LAKE CREST COVE  
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: KEVIN PATERACKI

MGRM

05/07/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date